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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here
T. Dipalma

Ms. Lisa Matta,
 Dept. of Industrial Relations
 Division of Occupational Safety & Health
 PSM R6 D3
 1450 Enea Circle, Suite 550
 Concord, CA 94520-7996

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Lisa Matta,
Dept. of Industrial Relations
Division of Occupational Safety & Health
PSM R6 D3
1450 Enea Circle, Suite 550
Concord, CA 94520-7996

2. Article Number

(Transfer from service label)

7009 2820 0004 4466 3458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

R. Quesada

C. Date of Delivery

11/27/10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

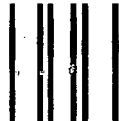
• Sender: Please print your name, address, and ZIP+4 in this box •

Cal OSHA-Amended
Emp. Over Signed
Sgt. of Abatement
of Regulatory and/or
Gen. Violation
Insp. # 314324187

TC3
Tom Dillard

Chevron Products Company
841 Chevron Way
Richmond, CA 94801

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



UNITED STATES POSTAL SERVICE

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EPA



J. W. Hartwig
Manager

**Health, Environment &
Safety**
Chevron Products Company
P. O. Box 1272
Richmond, CA 94802-0272
Tel 510 242 1400
Fax 510 242 5353
jwha@chevron.com

November 17, 2010

Ms. Lisa Matta
Department of Industrial Relations
Division of Occupational Safety and Health
PSM R6 D3
1450 Enea Circle, Suite 550
Concord, CA 94520-7996

**Cal/OSHA Amended Employer's Signed Statement of Abatement of Regulatory and/or
General Violations – Inspection #314324187 – Chevron Richmond Refinery**


Dear Ms. Matta:

This response, with the attached documents, satisfies Cal/OSHA's Amended Employer's Signed Statement of Abatement of Regulatory and/or General Violations dated September 30, 2010.

The Richmond Refinery considers all or part of the attached information to be Confidential Business Information (CBI) under both California and federal law. As a consequence, the Richmond Refinery requests that Cal/OSHA maintain the attached information indefinitely as CBI and requests immediate notification if Cal/OSHA disagrees with this request.

For questions please contact Mr. Thomas DiPalma at (510) 242-2233.

Sincerely,


Jeff W. Hartwig

Cc: Thomas DiPalma

Enclosures

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
Northern CA PSM District Office
1450 Enea Circle, Suite 550
Concord, CA 94520-7996
Ph.: (925) 602-2665

AMENDED EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF REGULATORY AND/OR GENERAL VIOLATIONS

EMPLOYER: Chevron USA, Inc. dba Chevron Products Co.
ADDRESS: 841 Chevron Way
Richmond, CA 94801

The law requires that violations observed during the inspection/investigation completed on 09/15/2010 of the place of employment located at 841 Chevron Way, Richmond, CA be corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected by returning this completed form. Your response by completing, signing and mailing this form to the issuing office on or before the compliance date may avoid a follow-up inspection of your facilities. **Failure to timely complete and return this form may result in issuance of a citation and civil penalty for violation of 8CCR 340.4(c).**

NOTE: This form does not serve as a request for a time extension. If there are serious problems beyond your control that prevent meeting a specified abatement date, contact the Division early, well within the 15-day limit allowed for an appeal.

This signed statement or a summary shall be posted for three (3) working days at or near each place the regulatory and/or general violation(s) referred to in the citation occurred.

PLEASE COMPLETE AND MAIL BY 01/01/11

LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TO CORRECT EACH CITATION & ITEM NUMBER OF THE UNSAFE CONDITIONS AND DATE OF ABATEMENT.

A cap has been installed on the tops of all of the capstan winches located on Berth 4 of the Long Wharf that were missing the cap (as originally equipped) in order to guard against contact with the winch mounting nut and frame.
See attached photo documentation on the next page. Citation 1, Item I.

☒ Continued on additional page

All affected employees and their representatives have been informed about abatement activities referenced in this document in conformance with 8CCR Section 340.4(g). ☒ Yes ☐ No

This certifies that all unsafe conditions listed in the Division's citation dated 09/15/10 have now been corrected and all submitted abatement information is accurate.

Signature: Peter Sarmicanic Date: 10-25-10

Name: Peter Sarmicanic Title: Safety Coordinator

OFFICE USE ONLY	
Division Engineer/Industrial Hygienist:	Date _____
District Manager:	Date _____
[] Close/Comments	
Region <u>6</u> District <u>3</u> Inspection No. <u>314324187</u> Identification No. <u>I7311</u> Cal/OSHA Rpt. No. & Fiscal Year <u>01-11</u>	

Date mailed or delivered: 09/30/10

Cal/OSHA 160 (09/01/2000)

Photo Documentation of the Specific Measures Taken to Correct Citation 1, Item 1

Photo of Berth 4 Capstan Where Incident Occurred – Prior to Abatement Measures

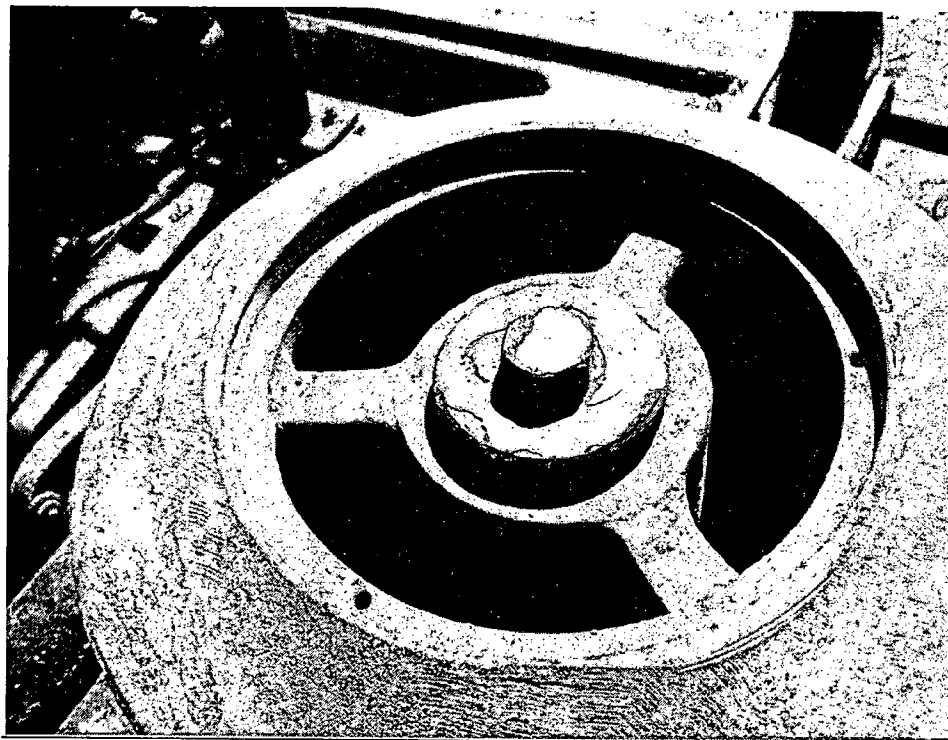


Photo of Berth 4 Capstan Where Incident Occurred – After Abatement Measures

